

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| | AS | | 08/16/00 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | NH | 617 | 9-20-00 |
| RESPONSE FORMALITY REVIEW | MS | 854 | 11-8-17 |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 7/19/03 |
| 2 | 7/19/03 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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